FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. <u>53</u> TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL X3 PTO-1360 (3-78)